L09000031099

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		IANNER, P.L.		
30131		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	_	
		DANA L. MANNER		
			Name of Person	
		DANA L. MANNER, PLL	C	
			Firm/Company	
		2525 PONCE DE LEON B	BLVD., STE. 300	
			Address	
		CORAL GABLES, FL 331	34	
		DANA@MANNERLAW.C	City/State and Zip Code	
		-	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
DANA	. L. MANNER		305 285-9495 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
SUZ	5.00 Filing Fee MITTED 7/19/	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANA L. MANNER, P.L.				
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L. Florida document number L09000031099	Liability Company	were filed on <u>03/30/2009</u>	•	_ and assigned
his amendment is submitted to amend the following	lowing:			
a. If amending name, enter the new name o	of the limited liab	ility company here:		
DANA L. MANNER, PLLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation '	'LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	2525 PONCE DE LEON I	BLVD., STE. 300)
Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL 33134		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	2525 PONCE DE LEON I CORAL GABLES, FL 33	1.	
			200 f	
3. If amending the registered agent and registered agent and/or the new registered of			ords, enter th	••
Name of New Registered Agent:				. 25 ©
•	2525 PACE IN	E LEON BLVD., STE. 300		
New Registered Office Address:		Enter Florida street a	ddress	
	CORAL GABI	LES	, Florida <u>3313</u>	1
		City	_,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DANA L. MANNER	2525 PONCE DE LEON BLVD.	
		STE. 300	Remove
		CORAL GABLES, FL 33134	☐ Change
			Add
			Remove
			Change
		A	Add
			□ Remove
			Ghange S
			Remove
			Remove
			Change
			Remove
			□ Change

PURPOSE OF RENDERING	PROFESSIONAL SERVICES REDERE	D BY ATTORNEYS AT LAW.
		Mary 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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tive date, if other than the	date of filing:	(optional)
If the date inserted in this ble	ock does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 603 filing requirements, this date will not be list
nent's effective date on the Do	epartment of State's records.	
ecord specifies a delayer	effective date but not an effecti	ve time, at 12:01 a.m. on the earli
e 90th day after the rec		ve time, de 12101 dim on the com
. AUGUST 10	2016	
1	,	
	Maure Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00